

Please **DO NOT RETURN** this report to the above address.

TYPE OF SUBMISSION <input type="checkbox"/> Initial Registration <input type="checkbox"/> Relocation <i>(new registration required)</i> <input type="checkbox"/> Change of Registration Information	DEPARTMENT OF HEALTH AND HUMAN SERVICES Public Health Service Food and Drug Administration FOOD CANNING ESTABLISHMENT REGISTRATION	FOR FDA USE ONLY <table><tr><td>FCE No.</td><td colspan="2">Date Received by FDA</td></tr><tr><td>OOB Code</td><td>Date</td><td>District</td></tr><tr><td colspan="3">Reference</td></tr></table>	FCE No.	Date Received by FDA		OOB Code	Date	District	Reference		
FCE No.	Date Received by FDA										
OOB Code	Date	District									
Reference											
Specify Type of Change _____ Enter Current FCE: <i>(If applicable)</i> _____											

FOOD PROCESSING PLANT LOCATION Establishment Name _____ Number and Street _____ City and State or Province (or other Subdivision) _____ Zip (or other Postal Code) _____ Country (if other than U.S.) _____ Telephone No. (____) _____ Telefax No. (____) _____	PREFERRED MAILING ADDRESS <input type="checkbox"/> Same as Plant Location Establishment Name _____ Number and Street _____ City and State or Province (or other Subdivision) _____ Zip (or other Postal Code) _____ Country (if other than U.S.) _____ Telephone No. (____) _____ Telefax No. (____) _____
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LOW ACID AND/OR ACIDIFIED FOODS PROCESSED AT THIS LOCATION Food Product name, form or Style, and packing Medium <small>(Do not list meat and poultry foods under the jurisdiction of the Food Safety and Inspection Service of the U.S. Department of Agriculture)</small> <div><div></div><div>(Check One)</div><div>Low-AcidAcidified</div></div> <table><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr></table>																															PLEASE SEND THE FOLLOWING: Number of Copies _____ _____ Process filing forms used for low-acid aseptic processes (FORM FDA-2541c). _____ Process filing forms used for all processing methods except low-acid aseptic (FORM FDA-2541a). NOTE: A separate form is required for each product-process combination. _____ Registration and Process Filing Instructions _____ LACF & Acidified Regulations (21 CFR 108, 113, 114)
	FDA DISTRICT OFFICE This registration form was received by the CFSAN from a firm that is within your inspectional jurisdiction. Please assign it a Central File Number (CFN) if one has not yet been assigned. Enter it in the space below. Return the yellow copy to the Center. Mailing address is pre-printed on the reverse side, fold and tape as indicated. Keep the blue copy for your files. Thank You. CENTRAL FILE NUMBER _____ SUBMITTED BY (Name) _____ (Phone no.) _____																														

AUTHORIZED COMPANY REPRESENTATIVE
Name, Address and Title of Authorized Representative: _____

Phone Number: (____) _____ at ☐ Plant Location ☐ Mailing Address Signature: _____ Date: _____

NOTE: No commercial processor shall engage in the processing of low-acid or acidified foods unless completed Forms FDA 2541 and FDA 2541a or FDA 2541c have been filed with the Food and Drug Administration, 21 CFR 108.25(c)(1) and (2) and 108.35(c)(1) and (2).



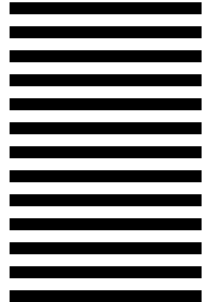
**DEPARTMENT OF
HEALTH & HUMAN SERVICES**

Public Health Service
Food and Drug Administration
Washington DC 20204

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FOOD AND DRUG ADMINISTRATION
LACF Registration Coordinator (HFS-618)
Center for Food Safety and Applied Nutrition
200 "C" Street SW
Washington DC 20277-0946

